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Name: Commissioner of Patents

Art Unit: 3738

Examiner: Urmi Chattopadhyay


Phone: 571-272-4748

From: Mark Garscia
Reg No. 31,953

Re: Application No. 09/775,677
Filed February 5, 2001
Entitled METHOD AND DEVICE FOR TREATMENT OF MITRAL
INSUFFICIENCY

File: PVI-5697CIP/E303:49988

I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO
THE UNITED STATES PATENT AND TRADEMARK OFFICE ON April 27, 2006.


Christine Sherwood

*Correspondence: Amendment Transmittal; Amendment and Interview
Summary; Petition for Extension of Time

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Return Fax to Christine Sherwood

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APR 27 2006 PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on April 27, 2006.


Christine Sherwood

Applicant : Jan O. Solem, et al.
Application No. : 09/775,677
Filed : February 5, 2001
Title : METHOD AND DEVICE FOR TREATMENT OF MITRAL
INSUFFICIENCY

Confirmation No. 3473

Grp./Div. : 3738
Examiner : Urmi Chattopadhyay

Docket No. : PVI-5697CIP/49988/E303

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
April 27, 2006

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	23	*74	0	x \$25.00	x \$50.00	0
Independent Claims	5	** 13	0	x \$100.00	x \$200.00	0
Multiple Dependent Claims ***				\$180.00	\$360.00	
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 14, 22, 38, 40 and 89						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME						

Amendment Transmittal Letter
Application No. 09/775,677

_____ Attached is our check for \$ to pay the fees calculated above.
X_____ A Petition for Extension of Time
_____ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Mark Garscia
Mark Garscia
Reg. No. 31,953
626/795-9900

MEG/cks

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